Conclusions: Understanding the dynamic haematopoietic and mesenchymal contribution to ICC tumour formation informs therapeutic development.

ASIT SHORT PAPER PRIZE: 0061: THE OPEN BLAST PELVIS: THE BURDEN OF MANAGEMENT

Scott Evans, Arul Ramasamy, Jon Kendrew, Julian Cooper. *University Hospitals of Birmingham, Queen Elizabeth, Birmingham, UK*

Aim: First study to evaluate casualties with an open pelvic blast injury.
Methods: Retrospective study of a prospective combat trauma registry. UK Service Personnel sustaining open pelvic fractures from an explosive mechanism were identified from Aug 2008 - Aug 2010.
Results: 29 casualties survived with an open pelvic ring fracture following explosion. The median NIS score was 41. Mean blood requirements in the 1st 24 hours was 60.3 units. 6 casualties had an associated vascular injury, 7 had a bowel injury, 11 had a genital injury and 7 had a bladder injury. 8 fractures were managed definitively with external fixation, and 7 fractures required ORIF, with 4 requiring removal of metalwork for infection. Faecal diversion was performed on 9 casualties. Median length of stay was 70.2 days, and mean operative time was 29.6 hours. 1 casualty was managed solely by the orthopaedic team. 19 required at least three different surgical specialty input. At mean 20.3 months follow-up, 24 were able to ambulate, and 26 had clinical and radiological evidence of pelvic ring stability.
Conclusions: Open blast pelvis represents the extreme end of trauma necessitating intense resource allocation. We do not feel faecal diversion is required in all cases.

ASIT SHORT PAPER PRIZE: 0167 WINNER OF ASIT/ASGBI SHORT PAPER PRIZE: PERI-OPERATIVE PAIN AND PATIENT SATISFACTION FOLLOWING OPEN MESH REPAIR OF PARA-UMBILICAL HERNIA UNDER LOCAL ANAESTHESIA: THE WEST SUFFOLK EXPERIENCE

Philip Bennett, Balendra Kumar, Eamonn Coveney. *West Suffolk Hospital, Suffolk, UK*

Aims: To assess peri-operative pain(PoP) and satisfaction with experience(SE) in patients having open mesh repair of para-umbilical hernia(PAH) under local anaesthesia(LA).
Methods: All patients requiring PAH repair under a single consultant between 01/01/2010-30/11/2011 were eligible to participate. Patients chose either general anaesthetic(GA) or LA repair. LA patients used visual analogue scales to record PoP and SE.
Results: 63 patients underwent PAH repair(31GA; 32LA). There were no differences in patient age or gender between LA and GA repairs. LA patients had a lower body mass index (BMI) than GA(27.1[3.7] vs. 30.3[5.1], p=0.007). LA procedures took 24[17.5-30] minutes and used 25[20-32]ml LA solution. PoP was low (11[3-29]%) and SE was high(96[91-99]%). No differences were found in PoP, SE, procedural length and amount of LA infiltrated with increasing BMI. When comparing LA procedures performed by higher surgical trainees (HST) and consultant, HST took longer (30[25-36] vs. 20[16-24] minutes, p=0.0007), infiltrated more LA(34.5[26-47] vs. 20[19-25.5]ml, p=0.0039), and patients experienced greater PoP(27.5[10-49.5] vs. 4[2-17]%, p=0.029), though this was still mild. There was no difference in overall SE(95.5[89-99.25] vs. 96.3[92.25-99]%, p=0.684) between HST and consultant.
Conclusion: LA PAH repair is associated with low PoP and high SE in both HST and Consultant.

ASIT SHORT PAPER PRIZE: 0577: FLEXIBLE CYSTOSCOPY CLINIC PATIENT LED URINALYSIS

Jamie Fairweather, Kohmal Solanki, Shayan Ahmed, Donna Tooth, Stuart Graham. *Whipps Cross University Hospital, London, UK*

Introduction: Flexible cystoscopy is the most commonly performed urological procedure in the UK, mostly performed as an outpatient. Many patients with pre-existing urinary tract infections (UTI) are cancelled on attendance, resulting in decreased clinic utilisation.
Methods: A prototype reagent strip for urinalysis was designed, testing for only Nitrites and Leucocytes. This was adapted from a commercially available reagent strip. A diagrammatic, patient information sheet was designed. Prospectively 50 patients attending Flexible cystoscopy clinic were given an urinalysis strip, information sheet, asked to follow the instructions and state if they had a UTI. Their urine was also tested with multi-reagent urinalysis strips of the same type using an electronic urinalysis machine. The results were compared.
Results: Of the 50 patients assessed, age range 22–96 years (mean 64.4, median 67), 47 (94%) patient's responses matched the electronic urinalysis results. There were 2 false positives and 1 false negative, representing a sensitivity of 77.8% and a specificity of 97.9%. The p value <0.05 using the Fisher's exact test.
Conclusion: This study demonstrates that Patient led urinalysis using simplified urinalysis strips is a possible screening tool for diagnosing UTI's. This could be adapted to at home patient performed urinalysis, ultimately decreasing cancellations

ASIT SHORT PAPER PRIZE: 0595: METASTATIC CUTANEOUS SQUAMOUS CELL CARCINOMA OF THE HEAD AND NECK: CHARACTERISTICS OF THE PRIMARY AND POOR PROGNOSTIC FACTORS

David Walker [1], Rajeev Mathew [1], Tatiana Gutierrez [1], Reza Nouraei [1], Patrick McCabe [2], Stephen Whittaker [1], Silvana Di Palma [1], Robert Sudderick [1], Lisa Pitkin [1]. [1] *Royal Surrey County Hospital, Guildford, UK;* [2] *Surrey Clinical Research Centre, Guildford, UK*

Aims: To describe the high risk features of primary head and neck cutaneous squamous cell carcinoma (cSCC), and to identify prognostic and treatment related factors that influence outcome.
Methods: 10 year retrospective review of patients treated at a regional head and neck centre. The influence of selected factors on disease-specific survival was analyzed using the Kaplan-Meier actuarial method and log-rank test.
Results: 69 patients; M:F 5.9:1, median age 81 (range 41-99). Primary lesion location; ear (35%), anterior scalp (17%) and frontotemporal (17%), 12% were immunocompromised, 88% moderately or poorly differentiated and 78% >4mm deep. Margins were involved in 37% of excisions and close (0.2-4mm) in 51%.
Median time to metastasis was 10 months (range 0-72months). Parotid and cervical nodes were involved equally (74% of cases). Multivariate analysis showed immune status, surgical margin and extent of parotid surgery ($p<0.05$) influenced disease-specific survival. 5-year actuarial estimates of recurrence and disease-specific survival were 47% and 45% respectively.
Conclusions: Most cSCC developing regional metastasis are >4mm deep, moderately/poorly differentiated and have inadequate resection margins. Immunocompromised patients with regional metastasis have a particularly poor outcome. In this the largest UK review in the literature, we re-emphasise the importance of adequate surgical margins in primary cSCC.

ASIT SHORT PAPER PRIZE: 0774: PUBLISH OR PERISH – HOW TO AVOID PERISHING

Alex Torrie, James Berstock, Elizabeth Hayward, Gordon Bannister. *Department of Orthopaedics, Southmead hospital, Bristol, UK*

Aim: To determine whether the senior author had a significant influence on the probability of achieving publication of your research paper in a peer-reviewed journal.
Methods: An observational study of all 54 orthopaedic registrars in the Severn deanery. All papers identifiable on Pubmed by each registrar were documented. The number of senior author papers was also identified. Logistic regression was assessed using Spearman correlation for year of training vs. number of publications, number of publications vs. average number of senior author publications and number of publications vs. number of collaborative publications with current rotational registrar. Wilcoxon rank-sum test assessed the difference between registrars with <5 or >5 publications. P=0.05 was considered statistically significant.
Results: Year of training was significantly associated with the number of peer-reviewed publications (P=0.0394). Average number of senior author publications and collaborative papers was highly significantly associated with rate of peer-reviewed publication (P=<0.0001). The number of senior author publications was significantly different between registrars with <5 and >5 publications (P=0.0111), with a median number of senior author publications of 16.5 and 46.2 respectively.
Conclusion: To improve your probability of achieving a peer-reviewed publication you should engage in research with a senior author who has >46 peer-reviewed publications.